EMPLOYEE
ACCIDENT / ILLNESS / INJURY REPORT

This form must be submitted within 24 hours of the accident / illness / injury

Note: all Items and Sections noted in ***bold italics*** with an asterisk are required fields and MUST be completed

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Submitter's FIRST Name: ____________________ Submitter's LAST Name: ____________________

Phone Number: ____________________ Email Address: ____________________

School / Building*: ____________________

Date of Accident*: (m/d/y) ____________________ ***Time of Accident****: (use 24-hour clock e.g. 1:15 pm is 13:15) ____________

*Section ONE: LOCATION**

- ❒ Administration office
- ❒ Boot room / Mud room
- ❒ Classroom
- ❒ Concession / Cafeteria
- ❒ Creative playground
- ❒ CTS Lab
- ❒ Drama / Arts / Theatre
- ❒ Exterior stairs
- ❒ Gymnasium
- ❒ Hallway / Stairwell
- ❒ In transit to or from school
- ❒ Locker room
- ❒ Off-Site
- ❒ Playing field
- ❒ Science lab
- ❒ Sidewalk
- ❒ Staff parking lot
- ❒ Student parking lot
- ❒ Tarmac
- ❒ Washroom
- ❒ Other (specify)

If Off-Site, State FACILITY Name: ____________________

Address: ____________________

City: ____________________ ***Postal Code:*** ____________

*Section TWO: ACCIDENT / INCIDENT INFORMATION** ***Description of Accident / Incident (detailed narrative)***

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First Reported to ***FIRST Name:*** ____________________ ***LAST Name:*** ____________________

- ❒ Area Director
- ❒ Caretaking / Facility Operator
- ❒ Lunch / Playground Supervisor
- ❒ Non School based Department Head
- ❒ Principal
- ❒ Secretary / Support Staff
- ❒ Superintendent
- ❒ Support Counsellor
- ❒ Teacher
- ❒ Team Leader
- ❒ Vice / Assistant Principal
- ❒ Volunteer
- ❒ Other (specify)

Supervisor FIRST Name: ____________________ LAST Name: ____________________

- ❒ Area Director
- ❒ Caretaking / Facility Operator
- ❒ Lunch / Playground Supervisor
- ❒ Non School Based Department Head
- ❒ Principal
- ❒ Secretary / Support Staff
- ❒ Support Counsellor
- ❒ Teacher
- ❒ Team Leader
- ❒ Vice / Assistant Principal
- ❒ Volunteer
- ❒ Other (specify)

Program*

- ❒ Before / After School
- ❒ Field Trip
- ❒ Interscholastic Game / Practice
- ❒ Intramurals
- ❒ Physical Education
- ❒ Recess / Noon Hour
- ❒ Regular Classroom
- ❒ School Activity / Event (ie. play day)
- ❒ School Assembly
- ❒ Science Lab
- ❒ Spare / Free Time / Study Period
- ❒ Transition between Classes
- ❒ Work Study
- ❒ Other (specify)

Equipment Involved (if applicable)

- ❒ Art Equipment
- ❒ Athletic Equipment
- ❒ Box Horses
- ❒ Chemicals
- ❒ Flying Fox
- ❒ Gymnastic Equipment
- ❒ Home Economic Equipment
- ❒ In-Line Skates
- ❒ Monkey Bars
- ❒ Other Playground Equipment
- ❒ Science Lab Equipment
- ❒ Scooters
- ❒ Shop Tools
- ❒ Track & Field Equipment
- ❒ Other (specify)

Action(s) taken to prevent this sort of accident from happening in the future*

☐ CHECK if media has been involved or likely to be involved ☐ CHECK if legal action has been threatened Record number of people involved

*Section THREE: INVOLVED PERSON**

FIRST Name*: ____ ***LAST Name*:*** ____

Phone Number: ____ Email Address: ____

Gender of Person Involved*: ☐ **Male** ☐ **Female** ***Date of Birth**** (m/d/y) ____

Employee ID: ____ Job Position: ____

Status* ☐ Caretaking ☐ Certificated Staff ☐ Exempt Staff ☐ Support Staff ☐ Trades ☐ Other (specify)

Activity*

☐ Administration
☐ Caretaking
☐ Classroom Preparation
☐ Concession Duties
☐ Delivery / Transportation
☐ Field Trip
☐ General Office / School Work
☐ Handling / Moving Equipment, Books or Materials
☐ Instruction
☐ Leaving / Entering School Grounds
☐ Maintenance / Grounds Work
☐ Other (specify)
☐ Participate in Intramural Sports
☐ Restraint of Student
☐ Supervision
☐ Walking
☐ Working with / Assisting Special Needs Student

Is this a workplace violence issue? ☐ Yes ☐ No

If this is a workplace violence issue, please check parties involved:

Parties Involved ☐ Student to Staff ☐ Staff to Staff ☐ Parent to Staff ☐ Volunteer to Staff ☐ Other (specify)

Covered by WCB? ☐ Yes ☐ No Is there a current Hazard assessment for this position? ☐ Yes ☐ No

Has current assessment been reviewed? ☐ Yes ☐ No

Was this Person Injured*? ☐ Yes ☐ No ***Was First Aid Administered*?*** ☐ Yes ☐ No

If First Aid was administered, complete name of First Aider FIRST Name*: ____ ***LAST Name*:*** ____

Description of First Aid Administered

Qualified District First Aider*? ☐ Yes ☐ No

First Aid Qualification ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

Was a paramedic or Physician Called? ☐ Yes ☐ No ***If Yes, was an Ambulance used*?*** ☐ Yes ☐ No

Provide name of physician or hospital ____

If no ambulance was used, identify method of transportation ____

If pre-existing medical condition exists, give details below, and diagnosis if available

Did this person lose time from work*? ❒ Yes ❒ No First day of lost time (m/d/y) ______________________

Duties modified after accident? ❒ Yes ❒ No

Injury / Illness Type (check as many that apply)*

❒ Allergic reaction
❒ Back / Spinal injury
❒ Bad scrape
❒ Breathing difficulties / Asthma (no ambulance called)
❒ Broken bone(s) with long term affects (surgery required, pins or plates inserted)
❒ Broken or fractured bones
❒ Chemical or other hazardous material contact
❒ Concussion (possible concussion)
❒ Dislocated / Separated joint
❒ Dizziness / Headache / Nausea
❒ Fainting, loss of consciousness
❒ Fatality
❒ Irritation of eye / Skin
❒ Laceration (required stitches or medical attention)
❒ Minor aches / Pains
❒ Minor cut / Laceration / Irritation
❒ Minor scrape or bump
❒ Minor swelling or bruising
❒ Muscle pull or strain
❒ Permanent disability
❒ Seizure (ambulance called)
❒ Seizure (short term – no ambulance called)
❒ Serious breathing difficulties (ambulance called)
❒ Serious / Major bleed, bruise or swelling
❒ Severe sprain
❒ Severe wound (scarring or surgery)
❒ Sprain
❒ Tooth / Teeth injury
❒ Other (specify)

Cause of Injury (check as many that apply)*

❒ Accidental collision between participants
❒ Aggravation of pre-existing injury
❒ Assault
❒ Bite (animal / human / insect)
❒ Blow / Hit / Trip caused by another person, accidental or intentional
❒ Blow delivered by an object (ball, bat, etc.)
❒ Body contact in the normal course of activity
❒ Carelessness on the part of the Individual
❒ Fall / Trip not due to observed factor
❒ Fall or loss of balance on apparatus
❒ Motor vehicle accident
❒ No clear apparent cause
❒ Obstruction on playing field
❒ Repetitive strain
❒ Site hazard
❒ Slip / Fall (ice)
❒ Slip / Fall (other)
❒ Strain or over exertion
❒ Working with assisting special needs Students
❒ Other (specify)

Body Part (check as many that apply)*

❒ Abdomen / Stomach
❒ Ankle
❒ Back
❒ Buttocks
❒ Cheek(s)
❒ Chest Area
❒ Chin
❒ Collarbone
❒ Ear(s)
❒ Elbow
❒ Eye(s)
❒ Finger(s) / Thumb
❒ Foot
❒ Groin
❒ Hand
❒ Head
❒ Hip
❒ Knee
❒ Lower Arm
❒ Lower leg / Calf
❒ Mouth
❒ N/A
❒ Neck / Throat
❒ Nose
❒ Possible internal injuries
❒ Shoulder
❒ Side / Ribs
❒ Teeth
❒ Toes
❒ Upper arm
❒ Upper leg / Thigh
❒ Wrist
❒ Other (specify)

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete **SECTION THREE** (3) of the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Section FOUR: WITNESS* *(Use separate sheet if more than one witness)*

Were there any witnesses*? ❒ Yes ❒ No

Witness FIRST Name: ______________________ ***Witness LAST Name***: ______________________

Address / City / Postal Code: ______________________

Phone Number: ______________________

WITNESS ROLE

❒ Bystander ❒ Daycare ❒ Neighbour ❒ Supervisor
❒ Contractor ❒ Employee ❒ Student ❒ Volunteer

Date of Report: ______________________

Report Approved by: ______________________
(print clearly)

Position: ______________________
(print clearly)